

FOR PHONE
FILING ONLY

Business Paperless Telefiling System

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Worksheet

New Jersey Gross Income Tax and Other Employer Payments
(Forms NJ-500 Monthly Return and NJ-927 Quarterly Return)

Fill in the Worksheet for the appropriate period. Call the New Jersey Business Paperless Telefiling System 24 hours a day at 1-877-829-2866. Choose "2" from the menu for Gross Income Tax and Other Employer Payments. Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer
Identification Number - - /

PIN/Taxpayer Name

Contact
Phone Number - -

Tax Preparer's Identification
Number (if applicable)

NJ-500 — Return for First Month of Quarter
RETURN INFORMATION

1. Period covered by return Month 01 – JANUARY 07 – JULY
04 – APRIL 10 – OCTOBER Year

2. Payment amount \$

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only the account type and debit date.

Bank Routing Number

Account Number

Type of Account

☐ 1 – Checking
☐ 2 – Savings

Payment Debit Date

/ /

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Confirmation Number

Date

/ /

Signed by: _____

NJ-500 — Return for Second Month of Quarter
RETURN INFORMATION

1. Period covered by return Month 02 – FEBRUARY 08 – AUGUST
05 – MAY 11 – NOVEMBER Year

2. Payment amount \$

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only the account type and debit date.

Bank Routing Number

Account Number

Type of Account

☐ 1 – Checking
☐ 2 – Savings

Payment Debit Date

/ /

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Confirmation Number

Date

/ /

Signed by: _____

Do not mail this worksheet – Keep it for your records

WORKSHEET MAY BE REPRODUCED

(Also available at: www.state.nj.us/treasury/taxation/)

IDENTIFICATIONNew Jersey Taxpayer
Identification Number - - /

PIN/Taxpayer Name

 Contact
Phone Number - - Tax Preparer's Identification
Number (if applicable) **FORM NJ-927 — Quarterly Return**
RETURN INFORMATION

Provided by Filer

Provided by Phone System

1. Period covered by return Quarter Year
(Quarter: 1 – JAN, FEB, MAR; 2 – APR, MAY, JUN; 3 – JULY, AUG, SEPT; 4 – OCT, NOV, DEC)
2. Total of all wages paid subject to UI, DI, WF & HC \$.
3. Taxable wage base (per employee) \$. **00**
4. Total wages in excess of taxable wage base \$.
5. Taxable wages subject to UI, WF & HC \$.
6. Taxable wages subject to DI (Combination Plan) \$.
7. Taxable wages subject to DI \$.
8. UI, WF & HC rate (see instructions) **0.**
9. Total UI, WF & HC contributions due \$.
10. DI rate (see instructions) **0.**
11. Total DI contributions due \$.
12. Gross income tax withheld:
- Month 1 \$.
- Month 2 \$.
- Month 3 \$.
13. Total gross income tax withheld for the quarter \$.
14. Total liability \$.
15. Total payments and credits \$.
16. Overpayment amount Credit ☐ Refund ☐ \$.
17. Balance due \$.
18. Number of workers employed during payroll period which includes the 12th day of the month (see instructions)
- Month 1 Month 2 Month 3
19. Number of workers insured under Private Plan for Disability Insurance during the payroll period which includes the 12th day of the third month of the quarter

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only the account type and debit date.

Bank Routing Number

Account Number

Type of Account

☐ 1 – Checking
☐ 2 – Savings

Payment Debit Date

 / / **SIGNATURE AND CONFIRMATION**

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DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.Return Confirmation
Number Payment Confirmation Number
(if payment is made separately)

Date

 / /

Date

 / /

Signed by: _____

Signed by: _____